CALFRESH (CF) PROGRAM REQUEST FOR POLICY/REGULATION INTERPRETATION

INSTRUCTIONS: Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Be sure to identify the additional discussion with the appropriate number and heading. Retain a copy of the CF 24 for your records.

Questions from counties, including county Quality Control, must be submitted by the county CalFresh Coordinator and may be submitted
directly to the CalFresh Policy analyst assigned responsibility for the county, with a copy directed to the appropriate CalFresh Policy unit
manager.

•	Questions from Administrative Law Judges may be submitted direct where the hearing took place, with a copy of the form directed to the	ctly to	the CalFresh Policy anal	yst assigned responsibility to the county	
1.	RESPONSE NEEDED DUE TO:	5.	DATE OF REQUEST:	NEED RESPONSE BY:	
	☐ Policy/Regulation Interpretation		11/18/2013	11/25/2013	
	□ qc	6.	COUNTY/ORGANIZATION:		
	✓ Fair Hearing	-	Shasta		
	Other:	7.	SUBJECT:	er and failure to comply	
2.	REQUESTOR NAME:	8.		(ACIN, court cases, etc. in references)	
	ALEGEOTO HANNIE.	0.		ve a regulation cite(s) and/or a reference(s).	
3.	PHONE NO.:				
4.	PEQUIATION OFFICE	_			
4.	REGULATION CITE(S): 63-404				
9.	QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY);				
	verification of application? Scenario: In March 2011 client provides verification of child SSN in May 2011 but client fails to provide the number. The recertification.	bein clie	g enumerated at birth in	n February 2011. County requests social security number at the	
10.	REQUESTOR'S PROPOSED ANSWER:				
	The County does not have a proposed answer because it is felt that the regulations are missing.				
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	STATE POLICY RESPONSE (CFPB USE ONLY):				
11.	CDSS has submitted this question to the United States Department of Agriculture, Food and Nutrition Service (FNS). Pending FNS response, CDSS has no authority to cite allowing the county to take action to terminate benefits to the household member without a Social Security number.				
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	FOR CDSS USE				
DAT			RESPONDED TO COUNTY/ALJ:		
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